

# **Hispanic Healthcare Workforce: Disparities & Opportunities in the State of Washington**

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# Table of Contents

<b>Chapter I: Introduction.....</b>	<b>3</b>
<b>Chapter II: Research Methods Used.....</b>	<b>6</b>
<b>Chapter III: Context.....</b>	<b>8</b>
The Client.....	8
Hispanics in Washington.....	9
Language and Cultural Barriers.....	10
Health Needs.....	11
Conclusion.....	11
<b>Chapter IV: The Findings.....</b>	<b>13</b>
Data Limitations.....	13
Hispanics in Healthcare Delivery Services in the U.S.....	13
The State of Washington.....	14
Education.....	15
Outreach Efforts in Washington State.....	18
Curriculum.....	20
<b>Chapter V: Analysis.....</b>	<b>22</b>
<b>Chapter VI: Recommendations.....</b>	<b>25</b>
Outreach Efforts in the State of Washington.....	25
Data Tracking System.....	26
Legislation Efforts.....	27
<b>Conclusion.....</b>	<b>28</b>
<b>Bibliography.....</b>	<b>29</b>
Appendix I.....	31
Appendix II.....	36

## Chapter I: Introduction

The 2000 Census recorded the biggest population growth in the Hispanic<sup>1</sup> community in many states across the country. It was reported by the U.S. Census Bureau that there was a 106% growth of Hispanics in the nation. Hispanics are the fastest growing minority in the United States (U.S.) and it is projected that by the year 2050 the Hispanic population in the United States will triple in size. In many states Hispanics have become the largest minority and across the U.S. there have been great shifts in their demographics.

*“The Hispanic...population in the United States [is] expected to triple by 2050, according to a new Census Bureau report. This means Hispanic-Americans would make up nearly one-quarter of the US population, which is predicted to reach 420 million, from 282 million in 2000.”*

*-BBC News World Edition, Thursday, 18 March 2004<sup>2</sup>*

As stated in the quote above, the Hispanic population is predicted to be the largest minority by mid-century in the U.S. This trend is true even in states that historically have not had a large population of Hispanics. In the state of Washington there was a 10% increase in the Hispanic population between 2000 and 2002. Washington's Hispanic estimated population now ranks 11<sup>th</sup> in the nation in terms of raw numbers with 490,448 Hispanics in the state.<sup>3</sup> These changes in demographics have created an increase in the need for services for Hispanics in the state of Washington.

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<sup>1</sup> For the purpose of this study Hispanics will be any individual of Latin-American background.

<sup>2</sup> BBC News World Edition. “US Hispanics ‘to triple by 2050’”  
<http://news.bbc.co.uk/2/hi/americas/3524670.stm> (18 March, 2004).

<sup>3</sup> Cook, Rebecca. “State's Hispanic Population rose 10% from 2000 to 2002.” The Associated Press.  
[http://seattlepi.nwsource.com/local/140185\\_censuswash18.html](http://seattlepi.nwsource.com/local/140185_censuswash18.html) (18 Sept. 2003)

The Washington State Commission on Hispanic Affairs (CHA) is one of the agencies that have been at the forefront of ensuring that the needs of the Hispanic community in the state of Washington are met. CHA has approached the Evans School of Public Affairs to conduct a study on the disparities that face Hispanics in health service delivery in the state of Washington.

This report will address the issue of the need for more of Hispanics in the field of healthcare service delivery in the state of Washington. This study is being done with the purpose of addressing the following issues:

- Do disparities exist for Hispanics in the field of healthcare service delivery in the state of Washington?
- If disparities do exist, what is being done to address those disparities?

For this report, disparities will constitute the lack of Hispanics in the field of healthcare delivery services when compared to their make up of the population in the state of Washington. The chapters in this report will be as followed. The methods chapter will allow the reader to develop further knowledge as to what research methods were utilized in order to put this research project together. The methods chapter will discuss the reason why the sources and data were chosen.

The following chapter will be the context chapter. In the context chapter the reader will be able to understand the reason why this report is being generated. The intent of the context chapter is to give the reader background on the agency for who this report is being generated for. The context chapter will also address health needs that Hispanics

face and some of the factors that might impede Hispanics from accessing adequate healthcare services.

In the findings chapter the reader will be introduced to the data found during this study. The findings introduced will allow the reader to view data that reflects the make up by Hispanics of the healthcare workforce. This chapter will also present data that reflects Hispanics currently enrolled in healthcare educational program. The findings chapter will also present current initiatives that attempt to solve inequalities in the field of healthcare service delivery.

The following chapter is the analysis portion of this report. The analysis chapter will attempt to illustrate what the findings reveal about the current situation of Hispanics in the field of healthcare service delivery. This chapter will also assess whether there are disparities reflected in the healthcare workforce for Hispanics.

The recommendations chapter will give alternatives to address the issues that surface from the analysis chapter. The recommendations made are intended to be used as the base for further policy initiatives that address the assessment made in the analysis chapter.

## **Chapter 2: Research Methods Used**

The primary research method for this report was a literature review. The first step taken was to learn about the demographic changes in the state of Washington. This data was obtained from the U. S. Census national web site. Special attention was given to the changes that the Hispanics population has undergone in the state of Washington in the last ten years. An extensive literature review of studies and reports published by different agencies was also conducted. These agencies include the Washington State Board of Health, the Henry J. Kaiser Family Foundation, the Commonwealth Fund and the U.S. Census. By using these articles the report will be able to address the issue of language barriers and the need for staff of Hispanic descent in the health care field. Cultural barriers that Hispanics face when accessing healthcare services will also be addressed from the information gathered through the literature review of the articles previously mentioned.

Several phone and in person interviews with public officials were also conducted as part of the data-gathering phase for this report. These public officials are from the following agencies: State of Washington Department of Health, Yakima Valley Farm Workers Clinic, Anti-Racism Training Institute Northwest, University of Washington- School of Medicine and the Washington State Board for Community & Technical colleges. The questions that were posed to these individuals were regarding the current status of Hispanics in the field of healthcare delivery service in the state of Washington.

Educational institutions in the state that provide training and degrees in the field of medical service delivery were also contacted in order to find out their efforts to recruit Hispanics. I wanted to find out if any efforts were being made to recruit Hispanics into their programs. This will assist me in determining if there is a future pool of Hispanic

applicants from which health delivery service institutions can choose. In the following chapter we discuss the reason why this report is being generated. The report discusses the background and why there might be a need for more Hispanic staff in healthcare delivery service.

## **Chapter 3: Context**

### The Client

This report is being generated for the State of Washington Commission on Hispanic Affairs. CHA was created in 1971 by a Governor's Executive Order. The purpose of the CHA is to improve public policy development and the delivery of government services to the Hispanic community in the state of Washington. CHA strives to fulfill this goal through the following means:

1. Identifying and defining issues concerning the rights and needs of Washington State's Hispanic Community.
2. Advising the Governor and state agencies on the development of relevant policies, plans and programs that affect Hispanics.
3. Advising the legislature on issues of concern to the state's Hispanic community.
4. Establishing relationships with state agencies, local governments, and members of the private sector.<sup>4</sup>

The Washington State Commission on Hispanic Affairs initially approached the Daniel J. Evans School of Public Affairs about conducting a research project about Hispanics in the field of healthcare delivery service due to recent demographic changes of Hispanics in the state of Washington. Given these changes, CHA's interest is to look at the current situation of Hispanics as staff in healthcare services. As stated in chapter one, this report examines the positions being filled by Hispanics in healthcare service delivery in the state of Washington and assesses whether there is a need for more Hispanics in the healthcare

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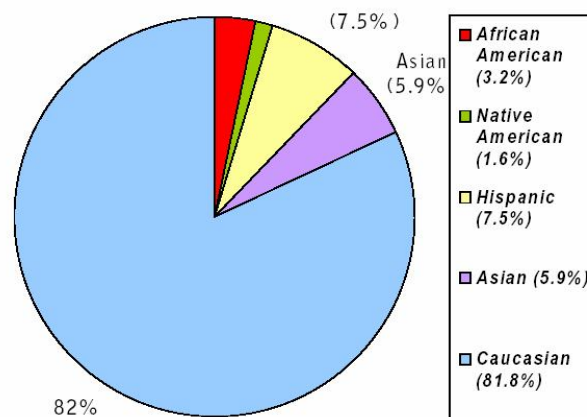
<sup>4</sup> Washington State Commission on Hispanic Affairs. "Mission." <http://www.cha.wa.gov/index.htm>



workforce. In order to do so, this chapter presents background as to why it is important to make sure that the state of Washington has adequate representation of Hispanics proportional to their population in the field of healthcare service delivery.

### Hispanics in Washington

The state of Washington, prior to the 2000 Census, was not one of the states where there was a great concentration of Hispanics. In 1990 the Hispanic population in the state of Washington was 4.4% of the total state's population. The Hispanic population grew to 7.5% of total population in the state of Washington in 2000.<sup>5</sup>



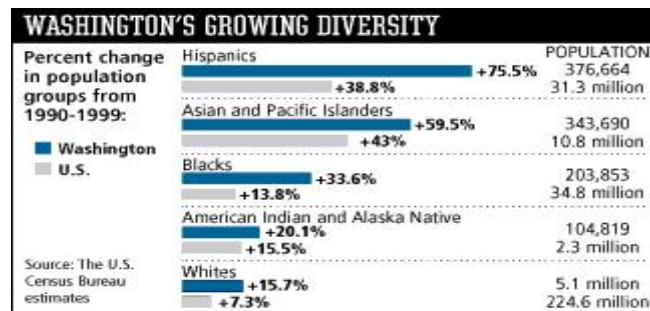
Source: Census 2000

As demonstrated in the graph below, Hispanics are now the largest minority in the state of Washington. The Hispanic population of the state of Washington grew 75% from 1990 to 1999.<sup>6</sup> As seen in the chart below, Hispanics surpassed the Asian population, who were the largest minority prior to the 2000 Census. It is due to all of these

<sup>5</sup> Washington State Commission on Hispanic Affairs. "Latino Demographics Highlights"  
<http://www.cha.wa.gov/pdf/2001demographichighlights.pdf>

<sup>6</sup> Olsen, Lise. The Seattle Post Intelligencer "Washington's minority growth rate tops that of most states"  
August 30, 2000

demographic changes in Washington's Hispanic population that attention must be given to the delivery of health service in the fastest growing population in the state.



*Source: The Seattle Post Intelligencer*

### Language and Cultural Barriers

Language and cultural barriers impede efforts by a person of Hispanic origin to receive proper healthcare service in the state of Washington. Some Hispanics will not even seek preventive healthcare due to the fact that they feel they cannot properly communicate with their healthcare provider. Not only do non-English speaking Hispanics have problems with access to healthcare, Spanish-speaking Hispanics are almost twice as likely as white patients to not have a regular healthcare provider.<sup>7</sup>

Such access problems may affect the quality of health services that Hispanics receive in Washington State. Research has shown that the quality of healthcare improves when the provider and the patient have the same language and/or ethnic background.<sup>8</sup> By having a common language, the patient and provider are able to have better communication. By not having the need for a third party for translation the communication will be from patient to healthcare provider. Although the option of having an interpreter does exist, by

<sup>7</sup> Acuna, Dr. Jose G., Review of Issues in Hispanic Healthcare. "Cultural and language Impediments to Healthcare Access Among Hispanic in the U.S." 2003

<sup>8</sup> Cooper-Patrick, L, Gallo, JJ, Gonzales, Vu, HT, Powe, NR, Nelson, of C, & Food, DE (1999) "Race, gender, and partnership in the patient-physician relationships." Journal of the American Medical Association, 282, 583-589

having more Hispanic health care provider the risk of misunderstanding or losing information in the translation is minimize.

### Health Needs

The increase of the Hispanic population in the U.S. and the state of Washington is just one reason for the need for more Hispanics in the healthcare field. The Hispanic population in the U.S. faces several health concerns that require Hispanics to seek medical service assistance. Among the top reasons for Hispanics seeking healthcare assistance are diabetes and new cases of AIDS. It is estimated that Hispanics are 1.5 more likely to have diabetes than non-Hispanics. It is reported by the American Diabetes Association that approximately 8.2% of Hispanic adults are diagnosed with diabetes and 8.4% of non-Hispanic whites in the U.S. are diagnosed with diabetes.<sup>9</sup> Given the fact that Hispanics only make up 12.5% of the entire U.S. population, the percentage of diabetes cases amongst Hispanics is disproportional. Diabetes is one of the five leading causes of death amongst Hispanics in the U.S. A more serious concern is that in the state of Washington 11% of AIDS cases diagnosed between 1997 and 2000 were Hispanics.<sup>10</sup>

### Conclusion

Based on the facts presented above about health issues in the Hispanic community, cultural and language barriers Hispanics face, attention should be given to the current situation of Hispanic staff in the field of healthcare delivery service. But more importantly, the growth in the population of Hispanics in the state of Washington should

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<sup>9</sup> American Diabetes Association , “National Diabetes Fact Sheet 2002”. <http://www.diabetes.org/diabetes-statistics/national-diabetes-fact-sheet.jsp> (2002)

<sup>10</sup> Washington State Department of Health/Infectious Disease, “Reproductive Health Assessment Unit” (September 2000)

be given extra attention in order to meet the demands of Hispanics in the state. The following chapter will attempt to illustrate the current situation of Hispanics in the field of healthcare delivery service, with a specific focus on the state of Washington.

## **Chapter 4: The Findings**

This chapter introduces the discrepancies that exist in the representation of Hispanics in the field of healthcare delivery services in the U.S. and in Washington State. This chapter illustrates the findings by the research conducted in regards to Hispanics in the field of healthcare delivery services in the state of Washington.

### Data Limitations

During the gathering of data I found out that there is no central agency in the state of Washington that holds data that tracks the ethnic background of the healthcare workforce. The only data found is from 1999 and kept through the Washington State Board of Health. The Health Personnel Resource Plan (HPRP) contained a voluntary survey. The Health Professional Licensing Survey (HPLS), which was part of the PRP, collected data about ethnic background, location, gender and practice of healthcare professionals. Due to the lack of sufficient funding for the Health Personnel Resource Plan, which included the survey, was terminated in 1999.<sup>11</sup> Several attempts were made by me to acquire statistical information on the current number of Hispanics from several healthcare professional organizations. The information that I received reflected general numbers that did not capture in detail the ethnicity of the healthcare workforce.

### Hispanics in Healthcare Delivery Services in the U.S.

While minorities<sup>12</sup> encompass more than 25% of the U.S. population, minorities comprise less than 14% of physicians, 9% of nurses and only 5% of dentists.<sup>13</sup> The percentages

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<sup>11</sup> Committee on Health Disparities, "Final Report State Board of Health Priority: Health Disparities" May 2001

<sup>12</sup> For this reference minorities will encompass African American, Hispanics and Native Americans. Asians were not included because research shows that the number of physicians is more reflective of their population.

<sup>13</sup> PRNewswire, "Commission Hearing Examines Shortage of Minority Healthcare Professionals" [www.HispanicBusiness.com](http://www.HispanicBusiness.com)

given are inclusive of all minorities in the U.S. If broken down individually, the number would be much smaller for each minority group. In an article of *Hispanic* magazine it was reported that across the country there is a general shortage of nurses at every rank. In the U.S., Hispanics make up only 2% of registered nurses.<sup>14</sup> In cities where the population of Hispanics is considered to be high, the rate of Hispanic staff in healthcare delivery service is still relatively low. In California, for example where Hispanics make up 31% of the population, only 4% of nurses are of Hispanic descent.<sup>15</sup> The shortage of Hispanic staff in the field of healthcare delivery services is also being felt in regions where the Hispanic population had not historically had not had significant numbers.

### The State of Washington

Currently there is a shortage of healthcare workers in the state of Washington. It was reported by the Washington State Hospital Association (WSHA) that 70% of hospitals in the state of Washington are recruiting personnel from out of state. They also reported that 25% of the hospitals in the state of Washington are currently recruiting personnel from out of the country.<sup>16</sup>

WSHA reports that from 1993-1997 the number of Licensed Practical Nurse (LPN) degrees awarded in the state of Washington fell 4% below the national average. LPNs is not the only field that is experiencing this change. There was also a 9% decrease of medical school graduates in the Northwest.

As previously discussed, the Hispanic population has grown at an unprecedented rate not just in the U.S. but also in the state of Washington. Currently there is a shortage of

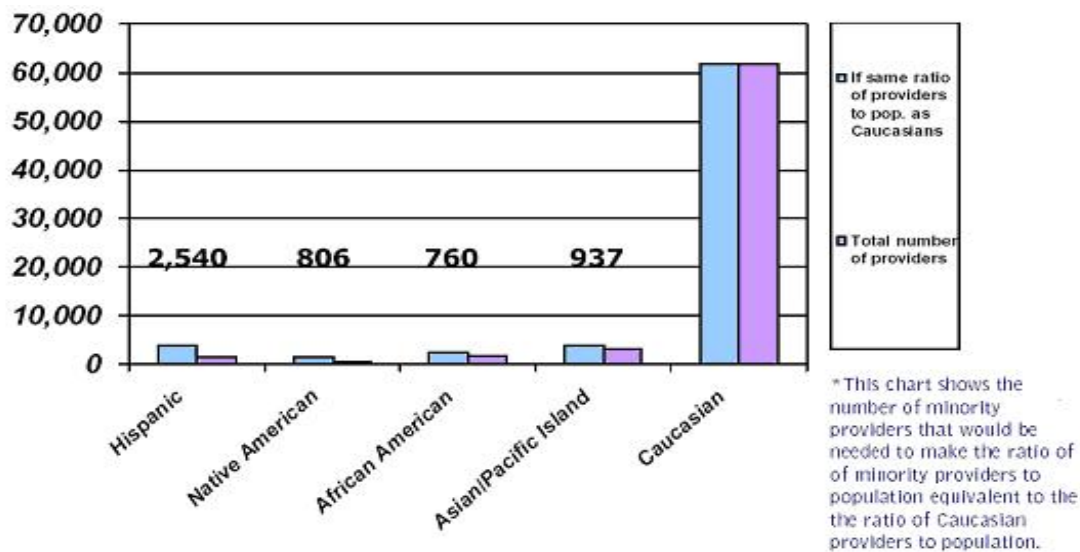
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<sup>14</sup> Dellagloria, Rebecca. "The Nurse Shortage" *Hispanic Magazine* 2003 pg. 25-26

<sup>15</sup> The Center for Health Profession, Presentation on October 1, 2002

<sup>16</sup> Washington State Hospital Association. "Who Will Care For You? Washington Hospitals Face A Personnel Crisis" (October 8, 2001)

people of color in the health workforce.<sup>17 18</sup> Hispanics have the greatest disparities out of all minorities in the state of Washington. The chart below reflects the number of healthcare staff needed in order to reflect each ethnicity's population make up in the state of Washington. The number of staff in the healthcare workforce needed for Hispanics to proportionally reflect their population in the state is 2,540. When compared to the other ethnic groups, proportionally Hispanics have the greatest disparity.



Source: Final Report State Board of Health Priority: Health Disparities

## Education

Given the fact that the population of Hispanics in Washington State has increased dramatically and the number of Hispanics in healthcare delivery services has not increased, it is important to look at education institutions in order to determine if a future pool of Hispanic healthcare delivery service staff exists. Data from education institutions was gathered in order to find out the number of Hispanics going into healthcare

<sup>17</sup> Finkbonner, Joe, R.Ph., M.H.A., The Honorable Margaret Pageler, J.D., Vickie Ybarra, N.N., M.P.H. "Final Report State Board of Health Priority: Health Disparities" (May 2001)

<sup>18</sup> Workforce is comprised of: physicians, nurses, dentists, non-physician clinicians, chiropractors, podiatrists, optometrists, opticians, pharmacists, mental health workers, allied health professionals, auxiliary health professionals and public health professionals

educational programs. The following is data that reflects Hispanic enrollment in the various sub-fields of healthcare education in Washington State.

Important components of the healthcare workforce are assistants, technicians and therapists, amongst others. These components of the healthcare workforce at many times are the first to deal with the general public. They are the ones who many times get the information for the reason of their visit. Many times Hispanics in these positions would be able to better assist Hispanics and non-English speakers by sharing common cultural medicinal beliefs. The data shown below reflects the number of Hispanics enrolled in healthcare programs in the state of Washington in community colleges and technical schools.

<b>Hispanics Enrolled in Healthcare Programs in Washington State</b>					
<b>Program</b>	<b>1998-99</b>	<b>1999-00</b>	<b>2000-01</b>	<b>2001-02</b>	<b>2002-03</b>
Administrative Support	66	74	99	99	130
Associate Degree Nurse	83	78	99	109	118
Dental Assisting	19	11	18	34	24
Dental Hygienist	6	7	8	8	6
Dental Lab Tech	4	4	3	4	4
Education/Social Services	92	76	78	63	91
Medical Assisting	28	48	60	83	134
Medical Imaging	17	20	24	26	24
Medical Lab Tech	3	6	6	7	3
Medical Records	7	6	19	15	35
Nursing Assistant	37	38	51	60	109
Occupational Therapy	2	1		1	



Other Health Services	75	76	97	137	126
Other Health Tech	13	12	15	26	16
Paramedic EMT, Operating Tech	13	26	24	24	23
Pharmacy Assisting	10	9	5	5	8
Physical Therapy	6	6	5	2	5
Practical Nurse	70	61	63	67	119

*Source: WA State Board of Community and Technical Colleges*

Most of these degrees are attained within two years. Some fields reflect substantially higher enrollments, including nursing assistants, medical assistants and administrative support. The overall number of Hispanics enrolled in healthcare learning institutions nevertheless has not had dramatic negative or positive shifts in the last five years.<sup>19</sup> One of the limitations with the data provided by the Washington State Board of Community and Technical Colleges is that it does not reflect the number of years that it takes these enrollees to graduate.

The University of Washington School Of Medicine<sup>20</sup> was contacted in order to collect data of the enrollments to their MD program. I contacted this institution because it is the only school in the Northwest that has an MD program. The chart below demonstrates the total number of Hispanics<sup>21</sup> who have applied and enrolled since 1999.

<sup>19</sup> For example, the rate of Hispanics graduating with healthcare degrees has remained fairly stable.

<sup>20</sup> UW School of Medicine gives admittance preference to residents from the Northwest through its Washington, Alaska, Montana, Idaho (WAMI) program.

<sup>21</sup> UW School of Medicine break down consists of Hispanics, Mexican-American and main land Puerto Rican, for the purpose of this study I compiled all three categories under the term Hispanic.

<b>Hispanics Matriculated to MD Program in Washington</b>					
<b>Year</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Enrolled</b>	7	5	11	9	3
<b>Applied</b>	215	226	191	171	180

*Source: UW School of Medicine*

The data provided by the UW School of Medicine reveals that MD applications from Hispanics have incrementally decreased. The same is true for the number of Hispanics enrolling in the MD program at the UW School of Medicine. The following section will illustrate my findings regarding outreach efforts done in Washington State that target Hispanics.

The low number of Hispanics enrolled in healthcare delivery services programs in the state of Washington creates a need to properly identify effective outreach programs that will recruit, and more importantly, retain Hispanics to healthcare delivery service programs. It also important to note that effective curricula and diversity training should be topics that need to be addressed along with recruitment and retention

#### Outreach Efforts in Washington State

The University of Washington School of Medicine conducts the Western Consortium Minority Medical Education Program (WCMMEP). This program targets underrepresented minorities<sup>22</sup> in the state of Washington. The program was initiated in 1989 with the purpose of motivating underrepresented minorities to have an interest in

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<sup>22</sup> The term underrepresented minorities refers to minority groups that have low numbers of enrollment in their program. These minorities are: Hispanics, Blacks and Native Americans.

the field of healthcare. The program is just starting to see its participants begin work in healthcare professional programs.<sup>23</sup>

<b>Hispanic Enrollment in The Western Consortium Minority Educational Program</b>				
<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
49	46	34	40	48

Source: UW School of Medicine

WCMMEP continues to reach Hispanic students who are interested in the field of healthcare delivery services. The chart above illustrates the number of Hispanic students enrolled in this program for the past five years.<sup>24</sup> Enrollment of Hispanics in this program has remained fairly stable. The only year that saw a small drop in participants was in 2001. Besides the WCMMEP program, the UWSOM also has several other programs such as U-DOC. U-DOC provides underrepresented high school students the opportunity to take part in courses which are designed to introduce students to the field of medicine.

With the passage of Initiative 200 (I-200) by the voters of Washington, which eliminated preferences for employment, contracting and public education based on race and sex, several steps have been initiated in order to solve the lack of diversity in the field of healthcare service delivery. The Sullivan Commission on Diversity in the Healthcare Workforce<sup>25</sup> has called for the following steps to ensure diversity in the healthcare workforce: 1) Increase or preserve funding for programs that promote diversity in the healthcare workforce, 2) Collect and report data of minorities graduating from healthcare

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<sup>23</sup> Information given by David Acosta, M.D. Assistant Dean for Multicultural Affairs, Director of Office of Multicultural Affairs

<sup>24</sup> For detailed information on number of participants since 1989 please see Appendix II.

<sup>25</sup> A 15-member Sullivan Commission, comprised of key health, corporate, academic, and legal experts, has conducted field hearings to examine the nation's shortfall of medical professionals who work in under-served communities.

education programs and 3) Provide funding minorities entering healthcare education programs.<sup>26</sup>

In 2003 members of the Congressional Asian Pacific American Caucus introduced the Healthcare Equality and Accountability Act of 2003.<sup>27</sup> This legislation aims at improving health care for Asian Americans and Pacific Islanders and other minority groups. The legislation tries to reduce the disparities that exist when trying to access medical service and tries to promote the recruitment of Asian American and Pacific Islanders in the field of healthcare service delivery. Some of the strategies that this bill uses are by removing language and cultural barriers. The bill reimburses and funds healthcare establishments that make it easier for minorities and limited English speaking people to communicate with their healthcare providers. It also promotes the improvement of workforce diversity by creating programs that emphasizes and promotes diversity. Another strategy is the improvement of data collection. Data collection will allow the identification of disparities within the healthcare system.

### Curriculum

In response to the growing minority population in the U.S., many medical schools are starting to incorporate diversity training as part of their curriculum. For example, Wake Forest University in North Carolina adapted the PRIME<sup>28</sup> curriculum to respond to the presence of Hispanic, Hmong, and American Indian populations that surround the school.<sup>29</sup> The University of California, Irvine (UCI) School of Medicine has adopted a

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<sup>26</sup> U.S. Newswire "NMA President Calls for " Diversity" Among Healthcare Workers," October 20, 2003

<sup>27</sup> Bordallo, Congresswoman Madeleine Z. Delegate from Guan  
[www.house.gov/bordallo/Press\\_Releases/1022032.html](http://www.house.gov/bordallo/Press_Releases/1022032.html)

<sup>28</sup> Promoting, Reinforcing and Improving Medical Education is a pilot program that addresses issues of diversity in medicine.

<sup>29</sup> Lawler, Meredith Burke, American Medical Student Association. Closing the Gap "*Diversity Training in Medical School AMSA Tests Pilot Curriculum*" Feb/March 2001

diversity awareness course as part of their curriculum. According to Pranny Sananikone, Director of Diversity Relations & Educational Programs at UCI, this course allows current medical student to become familiar about other ethnic groups. By being familiar and understanding the culture better, students will be able to serve their future patients better.<sup>30</sup>

The findings presented will be analyzed in the following chapter. The analysis chapter will attempt to explain why disparities exist in the field of healthcare delivery services.

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<sup>30</sup> The course description is available as Appendix I.

## **Chapter 5: Analysis**

In the previous chapter the report presented findings about the current makeup of minority healthcare workforce in the nation and Washington State. The findings chapter also illustrated the current enrollment of Hispanics in healthcare educational programs in the state of Washington. Other items presented were data limitations, outreach efforts and initiatives to address diversity in healthcare education programs and the healthcare workforce. From the data presented in the findings chapter we can conclude that disparities do exist for Hispanics in the field of healthcare service delivery. In 1999, 2,540 Hispanic healthcare staff was needed to reflect their population in the state. With the growth in the Hispanic community in the state of Washington after the Census 2000, it can be speculated that the number of staff needed in 1999 has increased.

The need for Hispanics in healthcare delivery services is due to the unforeseen growth in the population of Hispanics in the state of Washington. The unprecedented shift in the demographics for Hispanics in the state of Washington has created a need for more Hispanics in the field of healthcare delivery services. The reason for this need is that as the population of Hispanics in the state of Washington grew the number of Hispanics entering or being retained in the field of healthcare delivery services was not equal to the percentage of growth.

In part, disparities exist due to the decline of applications from Hispanics to MD programs and Hispanics enrolled in the MD program. From 1999 to 2003 there was a 16% decline of applications to MD programs in Washington State. It can be speculated that the passage of I-200 had an effect on the number of applicants into MD programs in Washington State. Disparities will continue to exist if this trend of low applications continues. According to a recent study by the American Medical Student Association

(AMSA), which was commissioned by the Bureau of Health Professions, it is stated that the low enrollment of under-represented minorities exists due to social factors and financial barriers. Also, according to this report, minority students perceive that their desire in pursuit of a medical career is not respected by colleagues and faculty.<sup>31</sup>

In contrast, the number of Hispanics enrolled in healthcare education programs offered at community colleges and technical schools have been increasing since 1998. Some of the programs that have increased the most are: Administrative Support, Medical Assistant and Nursing Assistant. Although these programs have been growing, they have not grown at the rate that the Hispanic population is growing in the state of Washington. As the Seattle Post Intelligencer reports, the Hispanic population grew 10% from 1990 to 2000. The growth of Hispanic students in these programs is growing at a rate of an average of 1.5% to 2%. The growth rate of the population in Washington State for Hispanics exceeds the rate of Hispanic students in healthcare education programs. It can be speculated that the implications made by the AMSA study can be a reason for the decline of Hispanics enrolling and applying to MD programs. On the other hand, it can also be speculated that Hispanics still have a desire to enter the field of healthcare delivery services and that is the reason why the other sectors of this professions are increasing.

The outreach efforts that have been done by programs like the WCMMEP have proven to keep Hispanic students interested in the field of healthcare delivery services. The UW School of Medicine (UWSOM) has taken an active roll in providing outreach programs to underrepresented students. According to David Acosta, M.D., Assistant Dean for Multicultural Affairs at UWSOM, these efforts have reached many students who are now beginning to enroll in medical profession programs. Although throughout the years there

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<sup>31</sup> Brady, Paul., "Med schools' minority enrollment stays low" Yale Daily News. Monday 1, 2004

have been efforts to reach out to underrepresented groups in the field of healthcare delivery service, the number of Hispanics in these prep-programs are not reflective of their population in Washington State.

As initiatives such as I-200 are adopted, state agencies will have to act in order to support outreach programs. By creating a working partnership with other state agencies, agencies such as CHA will be able to create legislation that could support programs that target underrepresented minority groups in the field of health care delivery services. Such was the case for the Congressional Asian Pacific American Caucus (CAPAC). CAPAC was able to work on this legislation along with Members of the Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Native American Caucus at the federal level in order to create legislation that aids Asians and other groups have better opportunities in medical professions.<sup>32</sup> Such was the case for the Congressional Asian Pacific American Caucus (CAPAC). CAPAC was able to work on this legislation along with members of the Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Native American Caucus.

Given all the evidence presented in the findings chapter, the conclusion of this report is that disparities due exist for Hispanics in the field of healthcare services. The data weaknesses that this report has uncovered, the University of Washington School of Medicine outreach efforts and the Congressional Asian Pacific American Caucus legislation efforts show three promising areas of intervention for CHA to address the disparities of Hispanics in the field of healthcare delivery services in the state of Washington. The next chapter will introduce recommendation that will assist in alleviating the disparities mentioned above.

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<sup>32</sup> Bordallo, Congresswoman Madeleine Z. Delegate from Guam  
[www.house.gov/bordallo/Press\\_Releases/1022032.html](http://www.house.gov/bordallo/Press_Releases/1022032.html)



## **Chapter 6: Recommendations**

This report has presented different evidence as to the current state of Hispanics in the state of Washington in the field of healthcare service delivery. The evidence presented have addressed different topics. The change in the Hispanic population in the state has created a demand for more services that cater to Hispanics. The change in population has also created a higher demand of Hispanics to enter the field of healthcare services in order to reflect their population. Hispanics are underrepresented at all levels of the healthcare profession. The state of Washington is currently experiencing a shortage of minorities in its healthcare workforce. This overall shortage presents an ideal opportunity for Hispanics and other underrepresented minorities to help fill the gap that exists in the field of healthcare delivery services. Given these opportunities, the following are recommendations that the State of Washington Commission on Hispanic Affairs can use as a starting point in order to ensure that their commitment to the Hispanic community of the state of Washington continues to be fulfilled.

### Outreach Efforts in the State of Washington

The first recommendation is for support of education and outreach programs. One of the suggestions that the WSHA<sup>33</sup> has made is that their needs to be more efforts made within the state to tap into the resources available in the state of Washington. Their suggestion is that more attention be given to minority groups in the state as a future source of employees in the field of healthcare delivery services. Outreach programs that target underrepresented groups in the field of healthcare delivery services have been

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<sup>33</sup> Washington State Hospital Association, “Who Will Care For You? Washington Hospitals Face A Personnel Crisis” October 8, 2001

experiencing a decrease in enrollees and applicants. By supporting outreach programs, CHA will be able to specifically benefit the Hispanic community. Support for outreach, through lobbying for state funds for these programs or legislation that will create new programs is important due to the fact that applications and enrollments into MD programs in the Northwest have been on a decline. Programs such as the Western Consortium Minority Medical Education Program will in the long run create a larger pool of applicants to healthcare educational programs. Forming partnerships with education institutions will allow CHA to present information about what learning institutions outside of the state are doing in order to address the issues of disparities for underrepresented groups in their programs. Modifications to curriculum should be suggested in order to keep in stride with other states that are taking proactive steps to make sure that their healthcare workforce is able to assist patients of different backgrounds.

#### Data Tracking System

The second recommendation is to for CHA to support, by lobbying for funding to the state, a tracking system. This tracking system would collect data on healthcare workers' ethnic backgrounds. It would also report race and ethnicity related to admissions, matriculation, graduation and placement of graduates of medical schools and other institutions providing healthcare training. This data should be collected and maintained by a state agency such as the state of Washington Department of Health. A tracking system is important in order to be able to make informed and effective decisions that will address the disparity of Hispanics in the healthcare workforce. The state of Washington already had the Health Personnel Resource Plan, which did collect data on race. Support

for further funding this project would be beneficial to the state of Washington and CHA in order to be able to make effective plans to address disparities in the healthcare workforce. This will only increase in importance as the minority population grows in Washington State.

### Legislation Efforts

The third recommendation is for CHA to support initiatives that promote diversity in the healthcare workforce. Diversity promotion initiatives would go beyond outreach, these efforts would focus on retention and promotion within the healthcare delivery services system. It is more efficient to create partnerships with other agencies in order to create legislature and eventually to enact it. As demonstrated in chapter four of this report, Hispanics are not the only group experiencing disparities in the field of health care delivery services. Native Americans, African Americans and Asian/Pacific Islanders are also undergoing the same experience. CHA should form partnerships with these groups in order to address the issues of health care delivery service disparities. CHA could use the example of the Congressional Asian Pacific American Caucus in forming working partnerships with other state and local agencies in order to create legislation that would aid Hispanics enter and advance in the field of health care delivery service. By forming partnerships and supporting initiatives that are inclusive of all groups experiencing disparities in the field of healthcare service delivery, CHA will be able to address the issues of disparities for Hispanics Healthcare service delivery.

The recommendations above can be a starting point for CHA to address the disparities that exist in the state of Washington for Hispanics in the field of healthcare service delivery.

## **Conclusion**

The growth of the Hispanic community in the state of Washington and the lack of awareness of the needs of the Hispanic workforce, have created disparities in the field of healthcare service delivery. The disparity that this report has found in the state of Washington is the percent of Hispanics in the field of healthcare delivery service staff. The number of Hispanics in this field is smaller and smaller each year compared to their population growth in the state of Washington. This could eventually lead to poorer healthcare for Hispanics in the state. This report has illustrated the areas that need immediate attention by CHA. Recommendations have been made for CHA to use as a platform in order to address the disparities of Hispanics in the field of healthcare service delivery.

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# Appendix I

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*University of California, Irvine*  
College of Medicine  
*Diversity in Medicine: Addressing Disparities in  
Healthcare*

## COURSE INFORMATION

Winter 2004

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### **Course Directors:**

Ralph E. Purdy, Ph.D., Professor of Pharmacology, UCI COM  
Prany Sananikone, Director of Diversity Relations & Educational Programs, UCI  
Michael Leon, Ph.D., Associate Dean of Biological Sciences, UCI  
Susana Sandoval, Undergraduate Coordinator, School of Biological Sciences, UCI  
Jose Rea, Academic Coordinator, School of Biological Sciences, UCI

### **Course Lecture Coordinators:**

Nevine Hanna	(714) 841-0210	<a href="mailto:nevine_m_h@yahoo.com">nevine_m_h@yahoo.com</a>
Venice Cercado	(949) 300-3612	<a href="mailto:venicecercado@hotmail.com">venicecercado@hotmail.com</a>
Christin Samura	(949) 387-1558	<a href="mailto:csamura@uci.edu">csamura@uci.edu</a>
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Yevmi	(310) 433-9660	<a href="mailto:gerberdaisy2002@aol.com">gerberdaisy2002@aol.com</a>
Esperanza		<a href="mailto:rprincess2002@aol.com">rprincess2002@aol.com</a>

*All questions and concerns regarding the class can be directed to the coordinators.  
You may also access further information about the course from our website:*

***<http://e3.uci.edu/03w/05118/>***

### **Course Goals:**

- ◆ The primary goal of this course is to provide information that will assist healthcare professionals to maximize the quality of patient care in a diverse society. We hope to help healthcare professionals provide **culturally competent** patient care by focusing on the major concepts of *awareness, clinical and communication skills, attitudes, and behaviors*. By first understanding the impact of culture on patient care, one will begin to make the connection between cultural competency at the individual practitioner level and how that can be integrated into the healthcare system.
- ◆ Our second goal is to stimulate and promote interest in cross-cultural medicine among students. *Addressing Disparities in Healthcare* will familiarize students to new ideas emerging in the medical field, as well as expose students to the health needs of underserved communities. Specifically we hope to reach all students, including underrepresented minority students, who have the potential to serve in medically underserved communities. We will encourage them to explore clinical, public service, and research opportunities available in related fields. Hence, it is our goal to promote student involvement in the expansion of knowledge in cross-cultural medicine.
- ◆ Lastly, with the information and materials presented in *Addressing Disparities in Healthcare*, we hope to create a culturally friendly and diverse atmosphere at UC Irvine College of Medicine for students, visitors, and the community.

### Course Objectives:

This course will revolve around the four previously mentioned concepts of *awareness, attitudes, behaviors, as well as clinical and communication skills*. Students should keep these concepts in mind as they evaluate information presented in this course.

1. ***Awareness:*** The materials presented should make one more cognizant of the impact of culture on patients' health and illness status as well as the delivery of medical treatment by healthcare providers. We will examine different values, customs, thought and behavior patterns, as well as other factors, which distinguish one culture from another. Our goal then, is to understand how these cultural factors affect health, illness, and the giving and receiving of healthcare. In developing a knowledge base regarding different ethnic groups, it is important not to stereotype, since the information presented may not necessarily pertain to all members of that particular group.
2. ***Attitudes:*** We hope to influence attitudes and address biases and preconceptions regarding different ethnic groups by helping you develop the awareness and understanding of the role that culture plays in medicine.
3. ***Behavior:*** Students in this course are encouraged to make the cognitive connections between their behavior and their awareness, knowledge, and attitudes.
4. ***Clinical and Communication Skills:*** The awareness, knowledge, attitudes, and behaviors that one develops will have little practical value unless one integrates and applies them into his/her clinical practice. An integral part of providing culturally



competent healthcare is the ability to communicate effectively with patients. Effective communication includes the ability to listen, understand, explain, and discuss treatment options with sensitivity and competence.

### **Class Meetings:**

This course consists of a series of ten lectures, one each week, conducted by various healthcare professionals. Each class meeting is comprised of a formal lecture-style presentation with a possible discussion or question/answer session. Students are encouraged to participate and interact with the speakers.

All lectures will be held on Wednesdays from 5:00 - 6:50 p.m. at the UCI College of Medicine, Tamkin Building F110. *Please see the Lecture Schedule for the dates of all lectures.*

### **Enrollment:**

Medical students may enroll in the course for Transcript Notation. Undergraduates may also enroll for 1 unit pass/no pass credit under course number 05118, Bio 92. All community members are welcomed to attend the lectures (although non-students will not receive credit). This course has been structured so that information presented will be beneficial to students and non-students alike.

### **Course Requirements:**

Attendance in lecture is mandatory. Students are also required to complete a Lecture Assessment Form that is turned in at the end of each lecture and a Course Evaluation Form, which is submitted at the end of the course at the final class meeting. There are no course books for this class. *A maximum of **two** absences is allowed for **Undergraduates**. **Medical Students** are allowed a maximum of **three** absences to obtain credit.*

### **Grading:**

*Medical students* will receive credit for this course in the form of *Transcript Notation*. *Undergraduates* will also receive credit of 1 unit pass/no pass. Evaluation for this course will be based on your attendance, completed Lecture Assessment Forms, and completion of a Course Evaluation Form at the end of the quarter. In order to receive credit, 80% of the lectures (8 lectures) must be attended. Two tardies are equivalent to one absence. A tardy is considered coming to class 15 minutes after lecture starts or leaving 15 minutes before it ends at 6:50 pm. Medical students are required to sign-up on attendance sheets and undergraduates are required to turn in attendance tickets to a coordinator in order to receive attendance credit for each lecture. There will be *no exams and no formal papers* for this class.

### **Discussion/Question and Answer Session:**

This is an interactive lecture series. Ideas and topics presented in lecture will be complemented and expanded through either a question & answer session, case studies, and/or experimental activities led by the week's lecturer.

**Diversity in Medicine - Addressing Disparities in Healthcare**

Winter 2004 Lecture Schedule

Week 1:           **1/14/04 - Introduction to Diversity In Medicine**

Ralph Purdy, Ph.D., Professor, Dept. of Pharmacology, UCI COM  
Prany Sananikone, Director of Diversity Relations & Educational Programs, Office of  
Equal Opportunity & Diversity  
Susana Sandoval, UCI School of Biological Sciences

**“Caring for Patients in the Middle Eastern and Islamic American  
Community”**

Antoine Kazzi, M.D., Assoc. Clinical Professor of Emergency Medicine, UCIMC

Week 2:           **1/21/04 - “Providing Culturally Competent Healthcare to Hispanic  
Patients”**

David E. Hayes-Bautista, Ph.D., Professor of Medicine, Director of Center for the Study  
of Latino Health and Culture, UCLA David Geffen School of Medicine

Week 3:           **1/28/04- “Religion and Medicine; how diverse customs and beliefs affect  
the way healthcare is provided”**

Henri Colt, MD, Clinical Professor of Medicine and Pulmonary and Critical Care, UCIMC

Week 4:           **2/4/04 - “AIDS Awareness in Diverse Populations”**

Korey Jorgensen, M.D., Medical Director of Medicine/Epidemiology, UCIMC

Week 5:           **2/11/04 - ““Pediatrics and Neonatal Healthcare”**

Feizal Waffarn, M.D., Chair, Dept of Pediatrics, Neonatal Medicine, UCIMC

Week 6:           **2/18/04 - “Affects of Diversity on Healthcare Policies”**

Lloyd Dean, President and CEO, Catholic Healthcare West

Week 7:           **2/25/04 - “Gay & Lesbian Healthcare”**

Christine Browning, Ph.D., UCI Counseling Center

Week 8:           **3/3/04 - “Geriatrics in Primary Care”**

Anne Musser, D.O., Associate Clinical Professor of Family Medicine, UCIMC

Week 9:           **3/10/04 – “Women’s Health Panel”**

Karen Gruwell, Senior Physician Assistant of Obstetrics and Gynecology, UCIMC  
David Kawasaki, M.D., Physician at South Coast Ob Gyn, Mission Viejo  
Patricia Lenahan, LCSW, LMFT, Assoc. Clinical Professor of Family Medicine, Director  
Of Behavioral Medicine, UCIMC

Week 10:       **3/17/03 - \*\*\*\*\*SPECIAL GUEST\*\*\*\*\***

**“UCI COM Prime-LC Program”**

**additional topic “Cervical Cancer in Latinas”**

***UCI COM Sr. Associate Dean, Alberto Manetta, M.D.***

***Professor of Obstetrics & Gynecology, UCI COM***

*\*\*\*\*THIS COURSE IS OPEN TO MEDICAL STUDENTS, UNDERGRADUATES, CAMPUS STAFF & COMMUNITY MEMBERS\*\*\*\**

**Location:** UC Irvine College of Medicine, Tamkin F110

**Date:** Lectures begin Wednesday, January 14, 2004 (and every Wednesday thereafter)

**Time:** 5:00- 6:50 PM

# Appendix II

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## The Western Consortium Minority Medical Education Program

1989 - 2003

as of 10/09/03

### MMEP participants, by ethnicity and program year

Year	B	I,N,L	M	P	H	Other	Grand Total
2003	27(22.5%)	16(13.3%)	19(15.8%)	3(2.5%)	26(21.7%)	29(24.2%)	120
2002	30(24.2%)	21(16.9%)	12(9.7%)	8(6.5%)	20(16.1%)	33(26.6%)	124
2001	33(30.8%)	8(7.5%)	25(23.4%)	4(3.7%)	5(4.7%)	32(29.9%)	107
2000	41(33.9%)	11(9.1%)	31(25.6%)	3(2.5%)	12(9.9%)	23(19.0%)	121
1999	53(43.1%)	11(8.9%)	42(34.1%)	4(3.3%)	3(2.5%)	10(8.1%)	123
1998	35(28.9%)	26(21.5%)	50(41.3%)	3(2.5%)	1(0.8%)	6(5.0%)	121
1997	38(30.2%)	19(15.1%)	56(44.4%)	6(4.8%)	2(1.6%)	5(3.9%)	126
1996	39(32.2%)	23(19.0%)	48(39.7%)	4(3.3%)	0(0%)	7(5.8%)	121
1995	37(28.9%)	26(20.3%)	55(43.0%)	3(2.3%)	1(0.8%)	6(4.7%)	128
1994	26(20.8%)	30(24.0%)	53(42.4%)	4(3.2%)	3(2.4%)	9(7.2%)	125
1993	48(40.7%)	11(9.3%)	48(40.7%)	3(2.5%)	2(1.7%)	6(5.1%)	118
1992	39(32.2%)	30(24.8%)	38(31.4%)	4(3.3%)	2(1.7%)	8(6.6%)	121
1991	34(27.2%)	38(30.4%)	40(32.0%)	2(1.6%)	4(3.2%)	7(5.6%)	125
1990	25(18.3%)	35(25.6%)	59(43.0%)	4(2.9%)	1(0.7%)	13(9.5%)	137
1989	31(23.7%)	46(35.1%)	48(36.6%)	2(1.5%)	4(3.1%)	0(0%)	131
Totals	536	351	624	57	86	194	1848

B=Black

M=Mexican American

P=Puerto Rican

H= Hispanic